



ST. CLAIR COUNTY HEALTH DEPARTMENT



Our Community. Our Environment.

Environmental Health Division
 3415 28th Street Port Huron MI 48060
 Office: (810) 987-5306 / Fax: (810) 985-5533
environmentalhealth@stclaircounty.org

NUISANCE COMPLAINT FORM	
TYPE OF COMPLAINT: <input type="checkbox"/> SEWAGE <input type="checkbox"/> FOOD <input type="checkbox"/> SOIL EROSION <input type="checkbox"/> OTHER _____ <input type="checkbox"/> SMOKE FREE 129 (Food Service Establishment) <input type="checkbox"/> SMOKE FREE 126 (Workplace)	
DESCRIPTION:	
Property Owner / Facility Name: _____	
LOCATION OF COMPLAINT:	Street Address: _____
	City / Township: _____ State: _____ Zip: _____
THE FOLLOWING INFORMATION IS <u>REQUIRED</u> TO PROCESS THIS REQUEST AND WILL BE KEPT CONFIDENTIAL TO THE EXTENT AS PERMITTED BY LAW.	
REPORTED BY:	Name: _____
	Street Address: _____
	City: _____ State: _____ Zip: _____
	Daytime Phone Number: _____
SIGNATURE:	DATE:
*** HEALTH DEPARTMENT USE ONLY ***	
DATE RECEIVED:	RECEIVED BY:
COMPLAINT NUMBER:	DATE INVESTIGATION STARTED:
INVESTIGATION RESULTS:	
SEE ATTACHED <input type="checkbox"/>	
REFERRED TO: <input type="checkbox"/> MDNRE _____ <input type="checkbox"/> Local Township / City _____	
<input type="checkbox"/> MDARD _____ <input type="checkbox"/> Other _____	
STAFF SIGNATURE:	DATE RESOLVED: